



UNL GARDEN FRIENDS

## Membership Form

\_\_\_\_ New Membership (\$35/Family)

\_\_\_\_ Renewal (\$35/Family)

\_\_\_\_ Donation

Enclosed is my check for \$\_\_\_\_\_ payable to: **UNL Garden Friends**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Mail membership form to:  
**UNL Garden Friends**  
**P.O. Box 81501**  
**Lincoln, NE 68501-1501**